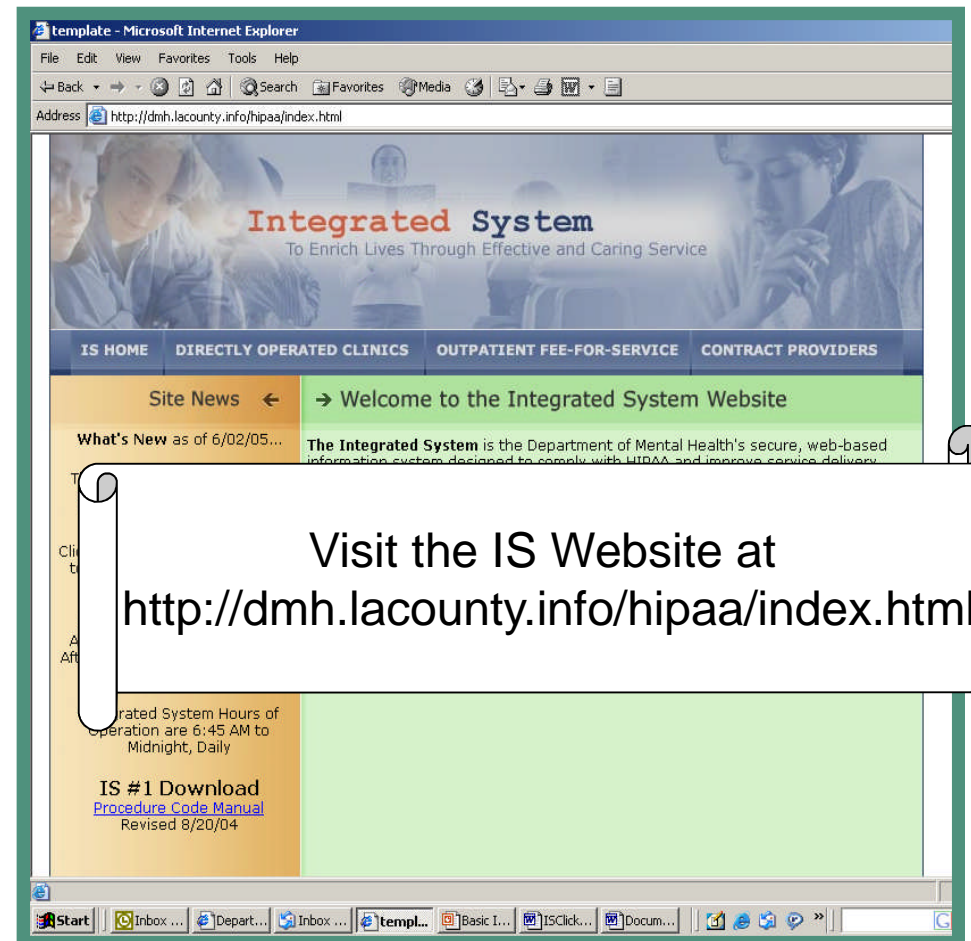# Basic Integrated System (IS) Training

Things to Keep in Mind

- All Patient Health Information (PHI), in this manual, is fictitious.
- Remember to use the help (?) icon.
- It is recommended that you understand the billing processes before using the IS.
- To return to the previous screen, always click on the Return button, under Options.
- Italicized fields must be completed.
- Dates must be entered as: 00/00/0000
- You will be logged off every 15 minutes when not using the system; you will have to click on the Home page to log back in.
- It is strongly recommended that you attend the PATS training on medications.
- You only have access to the Home and Clinical pages of the System
- MIS, IS, and DMH number are all the same.

template – Microsoft Internet Explorer

File   Edit   View   Favorites   Tools   Help

Back   Search   Favorites   Media

Address   http://dmh.lacounty.info/hipaa/index.html

Integrated System
To Enrich Lives Through Effective and Caring Service

IS HOME   DIRECTLY OPERATED CLINICS   OUTPATIENT FEE-FOR-SERVICE   CONTRACT PROVIDERS

Site News   → Welcome to the Integrated System Website

What's New as of 6/02/05...

The Integrated System is the Department of Mental Health's secure, web-based information system designed to comply with HIPAA and improve service delivery.

Visit the IS Website at
http://dmh.lacounty.info/hipaa/index.html

...rated System Hours of Operation are 6:45 AM to Midnight, Daily

IS #1 Download
Procedure Code Manual
Revised 8/20/04

Start   Inbox ...   Depart...   Inbox ...   templ...   Basic I...   ISClick...   Docum...

Basic IS Training

1. Log in

2. Find a Client

3. Add a Client: Identification Screen

4. Add a Client: Contacts Screen

5. Add a Client: Financial Screen

6. Add a Client: Other Screen

7. Open an Episode: Admission Screen

8. Open an Episode: Diagnosis Screen

9. Add Services

10. Add a Claim, a Plan, Payer (s) and Detail Adjustments

11. Void and Replace a Claim

12. Add a Prescription: Rx Card Info, Drug Allergies Screens

13. Add a Prescription: Med Order and Write Rx Screens

14. Add a Prescription: Approval, Renew and Refill

15. Close an Open Episode: Discharge and Diagnosis Screens

16. Groups

17. Community Outreached Services (COS)

2

Use Keyboard Shortcuts!
Avoid using the Mouse.

- The Tab key will take you through every field on the screen.
- Shift-Tab will take you backwards through those fields.
- Down Arrows and characters to go through drop-down lists.
- The Space bar will check and uncheck boxes.
- The Enter key will activate buttons.

EXERCISE 1

Log In:

- As a DMH Employee: https://dmhisintra.co.la.ca.us

- As a DMH Contracted Provider: http://dmh.lacounty.info/hippa/index.html

- The Home Page

- How to Set Provider Context

Note:

• If you are a first time user, you will be asked to change your password.

• You will then be prompted to a privacy policy statement. Click accept to proceed.

Log In – DMH Workers

1. If you are a DMH employee, go to…

2. Enter your first initial and last name

3. Enter password, dot, and your birth month and day, e.g. *password.0104*

4. Click

Help

Search Favorites History

Address https://dmhisintra.co.la.ca.us/Home/Public/Login.aspx

Intranet Mental Health Help Desk News Jobs

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Adminis... CIOB

Sign In

User ID: sazariah

Password: ********

These computer systems including all related equipment, networks, and network devices are the property of the County of Los Angeles. These computer systems are provided for authorized use only and may be monitored for all lawful purposes. All information placed on or sent over these computer systems may be examined, recorded, copied, and used for other authorized purposes during monitoring. Use of these computer systems, authorized or unauthorized, constitutes consent to monitoring. Evidence of unauthorized use may be used for administrative, criminal, or other adverse action. Unauthorized users may be subject to criminal prosecution. By continuing, you agree to these terms.

Sign In

Confidential patient information, see California Welfare and Institution Code section 5328.

Log In with a SecurID Card

Browser window showing Address: http://dmh.lacounty.info/hipaa/index.html

Integrated System
To Enrich Lives Through Effective and Caring Service

IS HOME   DIRECTLY OPERATED CLINICS   OUTPATIENT FEE-FOR-SERVICE   CONTRACT PROVIDERS

Site News ←

What's New as of 6/02/05...

The **deadline** for entering May data has been **extended** to Wednesday, **June 8, 2005**

Click on your Provider Type above to get started with the new IS Website...

Help Desk: 213-351-1335
Available M-F, 7 AM to 5:30 PM
After-hours, call ISD Support Line at 562-940-0617

Integrated System Hours of Operation are 6:45 AM to Midnight, Daily

IS #1 Download
Procedure Code Manual
Revised 8/20/04

→ **Welcome to the Integrated System Website**

The Integrated System is the Department of Mental Health's secure, web-based information system designed to comply with HIPAA and improve service delivery.

This Week on the Integrated System
IS News Bulletins started this week...Bulletin #001 is about Request to Remove Discharge Date. Look for it in "**Special Bulletins**" under the "**Using the IS**" Menu...but first, **click on your provider type above!**

There's also a DMH **CalWORKs** Bulletin on "**Guidelines to Avoid DPSS Billing Exceptions**" on that same "**Special Bulletins**" page.

Click the banner at the top of this screen to access the IS with your SecurID Card.

1. If you are a DMH Contracted Provider, go to

2. Click to go to the RSA SecurID logon screen and follow procedures

6

The Home Screen

Address 🔷 https://dmhisintra.co.la.ca.us/Home/Default.aspx

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

| Home | Clinical | Administrative | Plan | CIOB |

Home ?

Options

D MH Privacy Policy

d Client

ports

ange ssword

n Out

Notices

No notices found.

These options will change as you move through the IS

In order to reach the maximum target population, the Department is sending IS Alerts to communicate news to its providers promptly instead of posting notices on the system. If you have not yet subscribed to receive IS Alert please go to IS Web site to subscribe.

Don't forget to use the help function when using the IS

How to Set Provider Context

EXERCISE 2

Find a Client:

- Using Client List and Filter Clients

- Using Search by ID

- Using Search by Custom Criteria

- Result Screen

Find a Client: Using Client List and Filter Clients

Click

Click to sort list

Click DMH ID # to view client information

Select the field to filter by

Enter information

Click

Find a Client: Using Search by ID

Find a Client: Using Search by Custom Criteria

Find a Client: Results Screen

Address https://traindmhisintra.co.la.ca.us/ClinicalWeb/FindClientResults.aspx

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home | Clinical | Administrative | Plan | CIOB

1904-ANTELOPE V:1904A-ANTELOPE   student1 ☒

Find Client Results ?

Options

Return

Add Client

Filter Clients

Filter By:

Name ▾

For:

Search

No records found meeting the criteria specified.

1. This message will appear if the client is new

2. Click to add a new client

EXERCISE 3

Add a Client: Identification Screen

- Enter Client Information

Note:

- You must first do a Client Search, before adding a new client.

- The system will bring-up the option to add a client only if a client does not exist.

Add a Client: Information

Add a Client: Ethnicity

EXERCISE 4

Add a Client: Contacts Screen

- Enter Client's Contact Information

- Enter Client's Other Contact (s) Information

- Edit Client's Other Contact (s) information

Add a Client: Contact Information

Address is required if the client is not homeless.

ZIP now allows for 9-digits

Click to add other contacts.

If the **ZIP Code** is **NOT** 5 digits or numeric the following edit message will be displayed.

Click

Add Client: Other Contact (s) Information

Add a Client: Edit Other Contact Information

EXERCISE 5

Add a Client: Financial Screen

- Enter Client's Financial Information

- Enter Client's Benefit Type

- Enter Client's Benefit Information

Add a Client: Financial Information

Add a Client: Benefit Information

Add a Client: Benefit Information

EXERCISE 6

Add a Client: Other Screen

- Set the Single Fixed Point of Responsibility (SFPR) or Special Program

- Save the Client Information

- Enroll Client

- Check Eligibility

Add a Client: Other Screen

Add a Client: Other Screen

Add a Client: Other Screen

Enroll a Client

Check Eligibility

Check Eligibility

Check Eligibility

LosAngeles COUNTY | DEPARTMENT OF MENTAL HEALTH | Home | Clinical | Administrative | Plan | CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC   jgarciabagues

Eligibility - Overview   Client: TestClient , Example

Options

Return

Payer	Client Payer ID	Service Date	Submit Date	Status	Provider ID
MEDI-CAL	00000000A	2/8/2008	2008-02-26 13:14:28	✓	7100

1

The green check mark means the client is
Medi-Cal eligible, otherwise you will see a red X

Click to see
more details

Eligibility

Remember: Eligibility Checks are all about Medi-Cal

EALTH | Home | Clinical | Administrative | Plan | CIOB

1904-ANTELOPE V:1904A-ANTELOPE   jgarciabagues ☒

Eligibility - Benefit Summary
Client:

?

Options

Return

Client Payer ID: Service Date:

Submit Date:

Benefit Cd	Coverage Lvl	Srv Type	Ins Type	Plan Desc	Time Qual	Benefit Amt	Benefit %	Quantity Qual	Benefit Qty	Auth Code
1 Active Coverage		30 Health Benefit Plan Coverage	MC Medicaid							
L Primary Care Provider										

1 2 3

You can drill down into the Medi-Cal benefit information

Eligibility History

EXERCISE 7

Open an Episode:

- Complete Outpatient Admission Screen
- Complete Inpatient/Residential Admission Screen

Open an Outpatient Episode: Admission Screen

Open an Outpatient Episode: Admission Screen

Click to open an episode

Note: There are no episodes for this client.
(This client is new)

Open an Outpatient Episode: Admission Screen

Referral In Code: To identify the agency or person who referred the client to your agency.

Referral In Rpt Unit: When the agency that referred the client has a reporting unit number. This field Is optional.

Click to search Rpt Unit by provider type & name (See next page.)

Primary Contact: Click to select the client's primary clinician

Open an Outpatient Episode: Admission Screen, Search Rpt Unit

Open an Outpatient Episode: Admission Screen Search Rpt Unit (Cont.)

Open an Outpatient Episode: Admission Screen

Open an Inpatient/Residential Episode: Admission Screen

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7080-KEDREN CMH:7080I-KEDREN CMHC-AD | jgarciabagues ☒

Open Inpatient Episode

Client: **?**

Options

Return

Admission | **Diagnosis**

Admit Date:	03/21/2012	Procedure Code:	0100-Psych Hosp, 21 or under ▼
Referral In Code:	Outpatient - County Contracted ▼
Provider:	4297	7173VENKILAPUENTE	🔍 🗑
Intent Of Service:	Assessment Services ▼
Primary Problem Area:	Mentally ill ▼
Ward:	child ward	Patient File #:	
Point Of Origin:	1-Non-Health Care Facility Point of Origin ▼
Legal Status:	Unknown ▼
Treatment Authorization For Minor:	▼
Phys Disabled?	No ▼	Dev Disabled?	No ▼
Dual Diagnosis?	30uAL - Alcohol ▼
Primary Contact:	ADAMS, KAREN-[KCM2110] ▼	Continue

Select the correct procedure code for the Inpatient facility.

42

Open an Inpatient/Residential Episode: Admission Screen cont.

If **Point of Origin** for Admission is **NOT** selected for the episode this edit message displays.

This field is new for Inpatient, **Point of Origin** and it's a required field. See the drop down for the options.

Open an Inpatient/Residential Episode: Admission Screen cont.

Here in this example you see how you would fill out this screen, some of these fields are the same as an Outpatient Episode. Based on your Open Inpatient form, select the appropriate data for your Inpatient facility.

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH   Home   Clinical   Administrative   Plan   CIOB

7080-KEDREN CMH:7080I-KEDREN CMHC-AD   jgarciabagues ✕

Open Inpatient Episode   Client: Test

Admission   **Diagnosis**

Admit Date: 3/21/2012   Procedure Code: 0100-Psych Hosp, 21 or under ▼

Referral In Code: Outpatient - County Contracted ▼

Referral In Provider: 4297   7173V-ENKI/LAPUENTE   🔍

Intent Of Service: Assessment Services ▼

Primary Problem Area: Mentally ill ▼

Ward: child ward   Patient File #:

Point Of Origin: 1-Non-Health Care Facility Point of Origin ▼

Legal Status: Unknown ▼

Treatment Authorization For Minor: ▼

Phys Disabled? No ▼   Dev Disabled? No ▼

Dual Diagnosis? 30uAL - Alcohol ▼

Primary Contact: ADAMS, KAREN-[KCM2110] ▼   Continue

Click

EXERCISE 8

Open an Episode:

- Complete the Diagnosis Screen-Outpatient

- Complete the Diagnosis Screen-Inpatient/Residential

Open an Outpatient Episode: Diagnosis Screen

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7100-SFV CMHC CENTE:7100A-SFV CMHC   jgarciabagues ☒

Open Outpatient Episode

Client: TestClient , Example

| Admission | **Diagnosis** |

Dx Date: 02/08/2008

AXIS I

295.30 - Schizophrenia, Paranoi...

AXIS II

AXIS III

AXI...

☑ 1. Primary Support Group
☐ 2. Social Environment
☐ 3. Educational
☐ 4. Occupational
☐ 5. Housing
☐ 6. Economic
☐ 7. Access to Health Care
☐ 8. Interaction w/ Legal System
☐ 9. Othe...   ...ironment
☐ 10. Inadequate Information

AXIS V

GAF
20

Primary:
295.30

Secondary:

Cancel   Save

This drop down lists the Axis I Diagnosis codes.

Click to find a Diagnosis code that is not on the list.

Click to view or add notes

Click

46

Open an Inpatient/Residential Episode: Diagnosis Screen

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7080-KEDREN CMH:7080I-KEDREN CMHC-AD   jgarciabagues ☒

Open Inpatient Episode   Client: Test

Options | **Admission** | **Diagnosis**

Click to view or add notes

Dx Date: 03/21/2012

AXIS I   AXI... V   **AXIS V**

295.30 - Schizophrenia, Paranoi... ▼ ▶   ☑ 1. Primary Support Group   *GAF*

☐ 2. Social Environment   60

☐ 3. Educational

AXIS II   ☐ 4. Occupational   *Primary:*

301.50 - Histrionic Personality D ▼ ▶   ☐ 5. Housing   295.30 ▼

☐ 6. Economic   *Secondary:*

AXIS III   ☐ 7. Access to Health Care   301.50 ▼

345 - EPILEPSY* ▶ 🗑   ☐ 8. Interaction w/ Legal System

Save

▶ 🗑   ☐ 9. Other Ps...   ...nment   Click

☑ 10. Inadequate Information

Confidential patient information, see California Welfare and Institution Code section 5328.

This drop down lists the Axis I Diagnosis codes.

Click to find a diagnosis code that is not on the list.

47

EXERCISE 9

Add Services for Outpatient and Inpatient/Residential

Notes on Evidence Based Practice

Add Services/Outpatient

Add Services/Outpatient

LosAngeles COUNTY | DEPARTMENT OF MENTAL HEALTH   Home | **Clinical** | Administrative | Plan | CIOB

1904-ANTELOPE V:1904A-ANTELOPE   jgarciabagues ☒

Client Episodes   Client: Example, Client (   )   ?

Options

| | Open | Closed | | | | | | | |

Return

Change Provider

Find Client

Client Info

Client Case Load

Daily Log

Check Eligibility

Open Episode

Eligibility History

Episode	I/O	Admit Date	Diagnosis Code	Primary Contact	Last Claim	◉	◉	D
1904A004	O	7/8/2009	296.54 ⓘ	CORTES-E451251 ⓘ	6/16/2010	17	1	

1

The service date of last successfully **submitted claim** is displayed here. Last successfully **submitted claim** is based on submit date and NOT on service date.

Add Services/Outpatient

Add Services/Outpatient

Note: When RP's have a termination date, only dates of service for that date or prior can be billed.

Click to select

Click to select RP's Taxonomy

| | Home | Clinical | Administrative | Plan | CIOB |

1904-   4A-ANTELOPE

Client:Test,

Outpatient Serv

Options	RP:	CORTES, DAVID-[E 51]	▼	Txnmy:
Return	Proc	CORTES, DAVID-[E451251]	▲	
		CRIMIN, SUSAN-[E459963]-[01/31/2011]		
Check Eligibility	Plac	DHAWAN, KAMAL-[E547780]	▼	
		DILSAVER, STEVEN-[LSD9395]-[01/31/2011]		
Claim	Face	DURZO, NORA-[IND0121]		
		ELAM, SUZHANNA-[LSE2594]		
	Othe	Ellis , Rashunda-[E532981]		
		FOGARTY, MATHEW-[LMF9430]		
		FRASER, CLIFFORD-[0447149]		
	Telepl	GRAY, GENE-[E279426]		
		GREEN, VIRGINIA-[IVG0791]-[01/31/2011]		
Addition	GREENE, DENISE-[LDG5612]-[01/31/2011]		
		GUERTIN , MABEL ANN -[0470797]		
		HELM, ELIZABETH-[0507414]-[02/01/2011]		
		HOOPER, BRETT-[E541111]		
	Total	HUSSIEN BAKR, MOHAMED-[E550521]		
		INAN, ZABRIN-[LZI0307]-[01/31/2011]		
		ISIGUZO, CHINEK PEREM-[0494456]		
		JONES, MAKESHA-[E520695]		
		JONES, MARTIN-[E486940]		
		KARAMAT, SARAH-[E522350]		
		KLEIN, BETH-[LBK4906]-[01/31/2011]		
		KRUEGER, HAROLD-[0214929]		
		LEE, HEE SEUNG-[E544738]		
Confidential patient informat	MENDOZA, RICARDO-[0223100]		
		MERIDETH, TONI-[E545178]		
		MOZAFARINEZHAD, MARYAM-[E543632]		
		NAGATANI, ETSUKO -[E542083]		
		OGBECHIE, LAWRENCE-[LLO6662]-[08/04/201		
		OWENS, WILLIAM-[E513484]	▼	

Evidence Based Practice:
00-No EBP/SS
01-EBP ACT
10-EBP MST
11-EBP FFT
2A-Brf Strat FamTher
2B-CPP Chld-Prnt Ther

Hours	Minutes

Claim | Save | Cancel

ection 5328.

52

Add Service/Outpatient

Add Services/Outpatient

Add Services/Outpatient

Evidence Based Practice:

```
00-No EBP/SS
01-EBP ACT
10-EBP MST
11-EBP FFT
2A-Brf Strat FamTher
2B-CPP Chld-Prnt Ther
```

The system may allow you to select up to 3 options

Select multiple objects next to each other by holding down the **SHIFT** key while you click

Or use the **CONTROL** key while you click to select items that are **NOT** next to each other

Evidence Based Practice:

```
2F-DTQI-Dep Treat QI
2J-Group CBT Maj Dep
2L-Incredible Years
2M-IPT Depression
2P-Multidim Fam Ther
2R-PCIT
```

Add Services-Outpatient

- What is Evidence-Based Practice/Service Strategies/PEI Services?

They are techniques that use research results, reasoning, and best practices to inform the improvement of Mental Health Care. DMH is now using the IS to track the use of these techniques. These are some examples: Multisystemic Therapy, Functional Family Therapy, Brief Strategic Family Therapy, Functional Family Therapy, Peer and/or Family Delivered Services, Family Support

Add a Service/Outpatient

New field that allows user to indicate **IF** the *Patient Signature* was *Not available* when the service was provided.

Add a Service/Outpatient

Add a Service/Outpatient

When done with service, click claim to proceed to the Claim Screen.

Or click Save to save the service.

Add Services/Outpatient

If you saved the service without claiming, click to go back and claim.

Add Service/Inpatient/Residential

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7080-KEDREN CMH:7080I-KEDREN CMHC-AD   jgarciabagues ⊠

Client Episodes

Client: Test

Options

Return

Change Provider

Find Client

Client Info

Client Case Load

Daily Log

Check Eligibility

Open Episode

Eligibility History

Open | **Closed**

To add a service, find the client and the Episode.

Episode	I/O	Admit Date	Code	Primary Contact	Last Claim	⊙	⊙	D
7080I003	I	3/21/2012	295.30 ⓘ	ADAMS-KCM2110 ⓘ		0	0	🗑

1

Click

Add Service/Inpatient/Residential

LosAngeles COUNTY | DEPARTMENT OF MENTAL HEALTH | Home | Clinical | Administrative | Plan | CIOB

7080-KEDREN CMH:7080I-KEDREN CMHC-AD   jgarciabagues ☒

Inpatient Episode   Client: Test_   ❓

Options

Return

Find Client

Client Info

Check Eligibility

Medications

Close Episode

View Episodes

Search Service Date

Begin Date From

Begin Date To

Search

	Services	Void Services	Diagnosis	Admission					
	Begin Date	**End Date**	**Procedure**		**# Of Days**	**M**	**S**	**C**	**D**
✚									
1									

Click to begin entering a service

Add Service/Inpatient/Residential

Fill in the Inpatient fields based on your Inpatient form. I will be going over the new HIPAA 5010 fields for Inpatient Service.

Add Service/Inpatient/Residential

Add a Service/Inpatient/Residential

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH   Home | Clinical | Administrative | Plan | CIOB

7080-KEDREN CMH:7080I-KEDREN CMHC-AD   jgarciabagues ☒

Add Inpatient Service   Client: Test   ?

Options

Return

RP: AGUILAR, DOLORES-[KCMH586] ▼   Txnmy: 🗋

Procedure Code: 0100-Psych Hosp, 21 or under ▼

Start Date: 12/01/2011   End Date: 12/31/2011

Facility Type Code: 11-Hospital Inpatient (Includi ▼

Authorization: [   ]

Type of Admission: [▼]

Patient Status Code:

1-Emergency
2-Urgent
3-Elective
9-Information not Available
10-EBP MST
11-EBP FFT
2A-Brf Strat FamTher
2B-CPP Chld-Prnt Ther

Evidence Based Practice:

Type of Admission was the *Necessity* field on the Admission screen, HIPAA 5010 requires this field on every Inpatient service.

Edit message will display if you do **NOT** select a **Type of Admission.**

Windows Internet Explorer ☒

⚠ - Type Of Admission is required

OK

65

Add a Service/Inpatient/Residential

Patient Status Code is required on every Inpatient service.

Edit message displays if you do **NOT** select a **Patient Status Code**.
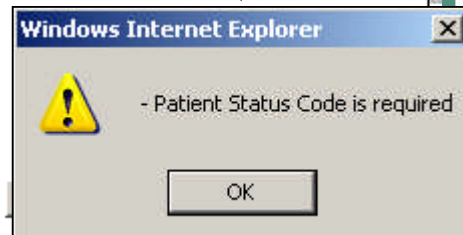
Add a Service/Inpatient/Residential

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

| Home | Clinical | Administrative | Plan | CIOB |

7080-KEDREN CMH:7080I-KEDREN CMHC-AD   jgarciabagues ☒

Inpatient Service   Client: Test

Options		RP:	AGUILAR, DOLORES-[KCMH58
Return		Procedure Code:	0100-Psych Hosp, 21 or under
Check Eligibility		Start Date:	12/1/2011
Claim		Facility Type Code:	11-Hospital Inpatient (Includi ▼

Authorization: [   ]

Type of Admission: 1-Emergency ▼

Patient Status Code: 30-Still Patient ▼

Evidence Based Practice:
- 00-No EBP/SS
- 01-EBP ACT
- 10-EBP MST
- 11-EBP FFT
- 2A-Brf Strat FamTher
- 2B-CPP Chld-Prnt Ther

Provider Signature On File ☑

Required check box indicating that the **Provider Signature** is **on file**.

Edit message will display if check box for **Provider Signature on file** is **NOT** checked.

Windows Internet Explorer ☒
⚠ - Provider Signature On File is required.
[OK]

[Claim] [Save] [Cancel]

67

Add Service/Inpatient/Residential

EXERCISE 10

Add a Claim Outpatient/Inpatient/Residential:

- Add a Plan

- Add Payers/Medicare or OHC

- Detail Adjustment

- Claim Status Icons under "S" Column in Episode Screen

Add a Claim Outpatient: Add a Plan

Once you click Claim on the Add Service screen, system navigates to this screen to pick a plan and a payer

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Late Code is no longer required for Medi-Cal claims when the DOS is over 6 months from the submit date.

Add Outpatient Claim

Options
Return
Check Eligibility
Service

Client Benefits

Service Date   Procedure   Mod1

03/12/2011   90801   MJ   84   .16

Claim Amount: 265.44   Late Code: [_____] ▼

SOC Obligation: [_____]   Medi-Cal ☐ EVC: [_____]   SED Healthy Families ☐

Service Facility Address 📄   EPSDT Scr Ref ☐ Emergency ☐ Pregnancy ☐   Dup Override ☐

Claim Plans: Medicare / Other Insurance:

Plan	Pay Order
+	

Paid Amount	SubscriberID

Plan, Medicare and Other Insurance are here. (See the next few screens for info. on these two items)

Click to add a plan

Save   Cancel

70

Add a Claim: Add a Plan

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7100-SFV CMHC CENTE:7100A-SFV CMHC

Outpatient Claim – Plans
Client: TestClient , Example (   )

Options
Return

Client Benefits: SD/Medi-cal:00000000A

Staff Code: SFV9368

| ServiceDate | Procedure | Mod1 | Mod2 | UnitType | Unit |
| 02/08/2008 | 90801 | | | MJ | 120 |

1. Scroll to pick a plan

Plans:

Pay Order:

2. Pay Order must be 1

3. Click   Save   Cancel

This means that your plan was added

Claim Plans:

Plan	Pay Order
✎ CGF	1
✚	
1	

If you click to add a second plan per claim, the IS will generate this error message

Microsoft Internet Explorer ⚠ Maximum of 1 Plan is allowed

OK

Add a Claim: Add a Payer/Medicare

Medicare / Other Insurance:

Payer	Paid	SubscriberID

Click blue plus sign to add OHC or Medicare.

1

LosAngeles COUNTY | DEPARTMENT OF MENTAL HEALTH   Home | Clinical | Administrative | Plan | CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Other Payer

Client: Test . Example

Options
Return

Payer: Other1 Insurance [07/01/2| ▼]

Payer Responsibility: 1

Insurance Type Code: [_____ ▼]

SubscriberID: [_____]   Amount Paid: [_____]

Payment Date: [_____]   Auth Code: [_____]

Adjustments:

GroupCode: [_____ ▼]

Reason: [_____ ▼]

Amount: [_____]

Quantity: [_____]

Group	Reason	Amount	Quantity

Add >>   1

Save   Cancel

Enter Payer information, click drop down and select whether it's OHC or Medicare, and enter all the information.

72

Other Payer: Payer Responsibility

For every '**Other Insurance**' payer on the claim, the sequential order of responsibility must be entered.

If the responsibility order for each Other Insurance payer specified in the claim is *NOT* in sequence, or is duplicated, this edit message displays.

Other Payer: Insurance Type Code

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Other Payer

Client: Test , Example

Options
Return

Payer: MEDICARE [07/01/2002] ▾

Payer Responsibility:

Insurance Type Code:

12-Medicare Secondary Working Aged Beneficiary or Spouse with
13-Medicare Secondary End-Stage Renal Disease Beneficiary in th
14-Medicare Secondary, No-fault Insurance including Auto is Prima
15-Medicare Secondary Worker's Compensation
16-Medicare Secondary Public Health Service (PHS) or Other Feder
41-Medicare Secondary Black Lung
42-Medicare Secondary Veteran's Administration
43-Medicare Secondary Disabled Beneficiary Under Age 65 with La
47-Medicare Secondary, Other Liability Insurance is Primary

Insurance Type Code is required on Claims when Other Insurance, Medicare and Medi-Cal are payers in the claim, making Medicare the secondary payer.

When Medicare is a secondary Payer; if *Insurance Type Code* is *NOT* indicated this edit message displays on the Claim screen.

Windows Internet Explorer

⚠ Insurance Type Code is required for Medicare when Medicare is a secondary payer in the claim

OK

74

Other Payer: Detail Adjustments Fields

Other Payer: Select Group Code

Other Payer: Select Reason Code

Other Payer: Enter Amount & Quantity

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1904-ANTELOPE V:1904A-ANTELOPE

Other Payer   Client: Test , Example

Options

Return

Payer: Other1 Insurance [07/01/2▼]   Payer Responsibility: 1

Insurance Type Code: [▼]

SubscriberID: 84565   Amount Paid: 78.04

Payment Date: 02/02/2012   Auth Code: [   ]

Adjustments:

GroupCode: CO-Contractual Obligations ▼

Reason: 2-Coinsurance Amount ▼

Amount: 200.00

Quantity: 1

Enter Amt & Quantity (if any)

Then click to add.   Add >>

Group	Reason	Amount	Quantity
1			

Save   Cancel

Other Payer: w/Adjustment info.

The Medicare or OHC Amount Paid and Adjustment Amount (s) must balance to the Claim Amount.

There will be an error message If the sum of these does not equal to the Claim Amount.

Other Payer: w/ Adjustment Info

Add a Claim/DO ONLY

Service Facility Address is required for Medicare & Medi-Medi claims when Place of Service (POS):
- POS = Home & Client =Homeless, or
- POS ≠ Home & POS ≠ Office.

If **Service Facility Address** is Not entered the following edit message displays.

If the 4 digit extension is unknown use '**9998**'

ZIP code must be 9 digits
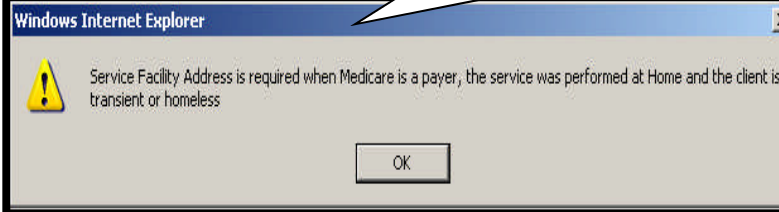
Edit message If 9 digit Zip NOT entered.

Los Angeles COUNTY DEPARTMENT OF MENTAL

Facility Address

Client: Test , Exam

Options

Return

Client Benefits   Medicare :   0504140

ServiceDate   Rate

02/11/2012   84   3.31

Check Eligibility   01   MJ   84   3.31

Service   8.04   Late Code:

SOC Oblig   00

Service Facility Address

Claim Plans:

Plan

Address 1: 1930 Example Street   Address 2:

City: Los Angeles   State: CA   Zip: 90033 ..

Windows Internet Explorer

Service Facility Address is required when Medicare is a payer, the service was performed at Home and the client is transient or homeless

OK

Submit   Save   Cancel

Windows Internet Explorer

- Full 9 digit Zip Code is required

OK

Add Claim /Outpatient

Add a Claim/Outpatient

Add a Claim Inpatient/Residential: Add a Plan

LosAngeles COUNTY | DEPARTMENT OF MENTAL H ... rative | Plan | CIOB

Once you click Claim on the Add Service screen, system navigates to this screen to pick a plan and a payer

EN CMHC-AD

Add Inpatient Claim

?

Options

Return

Check Eligibility

Service

Client Benefits: Insurance/Third Party

Staff Code: KCMH586

StartDate	EndDate	Procedure	Mod1	Mod2	UnitType	Rate
2/1/2012	2/29/2012	0100	HC	*	DA	558.38

Claim Amount: 16193.02

Late Code:

SOC Obligation: Medi-Cal ☐ EVC: SED Healthy Families ☐

EPSDT Scr Ref ☐ Emergency ☐ Pregnancy ☐

Claim Plans:

Medicare / Other Insurance:

Plan	Pay Order
✚	

Payer	Paid Amount	Subscriber ID
✚		

Click to add a plan

Plan, Medicare and Other Insurance are here. (See the next few screens for info. on these two items)

... e | Void | Submit | Save | Cancel

Add a Claim Inpatient/Residential: Add a Plan

1. Click to select a plan.

Order

1

LosAngeles COUNTY | DEPARTMENT OF MENTAL HEALTH   Home   Clinical   Administrative   Plan   CIOB

7080-KEDREN CMH:7080I-KEDREN CMHC-AD   jgarciabagues

Plan   Client:Test

Options   Client Benefits Insurance/Third Party   Staff Code: KCMH586
Return
                   StartDate   EndDate   Procedure   Mod1   Mod2   UnitType
                   2/1/2012   2/29/2012 0100   HC   DA   2. Scroll to pick a plan

                   Plans:

                   Pay Order: 3. Pay Order must be 1

                              Save   Cancel

4. Click

85

Add a Claim Inpatient/Residential: Add a Payer/Medicare

Medicare / Other Insurance:

Payer	Paid Amount	Subscriber ID
➕		
1		

Click blue plus sign to add OHC or Medicare.

LosAngeles COUNTY | DEPARTMENT OF MENTAL HEALTH | Home | Clinical | Administrative | Plan | CIOB

7080-KEDREN CMH:7080I-KEDREN CMHC-AD ☒

Other Payer

Client: Test

Options
Return

Payer:	[dropdown]
SubscriberID:	
Payment Date:	

Payer Responsibility:	
Amount Paid:	
Auth Code:	

Adjustments:

GroupCode: [dropdown]
Reason: [dropdown]
Amount:
Quantity:

Group	Reason	Amount	Quantity
1			

[Add >>]

[Save] [Cancel]

Enter Payer information, click drop down and select whether it's OHC or Medicare, and enter all the information.

86

Other Payer: Payer Responsibility

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7080-KEDREN CMH:7080I-KEDREN CMHC-AD ⊠

Other Payer
Client: Test⸱   ?

Options

Return

Payer: ▼   Payer Responsibility: [   ]

SubscriberID: [   ]   Amount Paid: [   ]

P⸱   Auth Code: [   ]

Ac⸱

G⸱   ▼

Reason: [   ]   ▼

Amount: [   ]

> For every '**Other Insurance**' payer on the claim the sequential order of responsibility must be entered.

> If the responsibility order for each Other Insurance payer specified in the claim is **NOT** in sequence, or is duplicated, this edit message displays.

Windows Internet Explorer ⌧

⚠ Other Insurance Responsibility order is invalid

OK

Save   Cancel

87

Other Payer: Detail Adjustments Fields

Other Payer: Select Group Code

Other Payer: Select Reason Code

Select a Reason from Drop down

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7080-KEDREN CMH:7080I-KEDREN CMHC-AD

Other Payer

Client: Test

Options

Return

Payer:

SubscriberID:

Payment Date:

Adjustments:

GroupCode:

Reason:

Amount:

Quantity:

Payer Responsibility:

Amount Paid:

Auth Code:

1-Deductible Amount
2-Coinsurance Amount
3-Co-payment Amount
4-The procedure code is inconsistent with the modifier used or a
5-The procedure code/bill type is inconsistent with the place of s
6-The procedure/revenue code is inconsistent with the patient's
7-The procedure/revenue code is inconsistent with the patient's
8-The procedure code is inconsistent with the provider type/spe
9-The diagnosis is inconsistent with the patient's age. Note: Refe
10-The diagnosis is inconsistent with the patient's gender. Note:
11-The diagnosis is inconsistent with the procedure. Note: Refer
12-The diagnosis is inconsistent with the provider type. Note: Re
13-The date of death precedes the date of service.
14-The date of birth follows the date of service.
15-The authorization number is missing, invalid, or does not app
16-Claim/service lacks information which is needed for adjudica
17-Requested information was not provided or was insufficient/i
18-Duplicate claim/service. This change effective 1/1/2013: Exa
19-This is a work-related injury/illness and thus the liability of th
20-This injury/illness is covered by the liability carrier.
21-This injury/illness is the liability of the no-fault carrier.
22-This care may be covered by another payer per coordination
23-The impact of prior payer(s) adjudication including payments
24-Charges are covered under a capitation agreement/manage
25-Payment denied. Your Stop loss deductible has not been met
26-Expenses incurred prior to coverage.
27-Expenses incurred after coverage terminated.
28-Coverage not in effect at the time the service was provided.
29-The time limit for filing has expired.

Confidential patient information, see California

Start | Inbox - Microsoft Ou... | U:\DMHCIO | MHISF

Other Payer: Enter Amount & Quantity

Enter Amt & Quantity (if any)

Other Payer: w/Adjustment info.

The Medicare or OHC Amount Paid and Adjustment Amount (s) must balance to the Claim Amount.

There will be an error message If the sum of these does not equal to the Claim Amount.

Add Claim-Inpatient/Residential

Add Claim – Inpatient/Residential

Click to see the claim status.

You will see this screen after you've submitted or saved the claim.

Claim Status Icons Under "S" Column in Episode Screen

Click to view status

Claim Status Icon under 'S" column in the Episode Screen

(Red) Denied Claim

(Green) Approved

Pending

Claim Saved, not yet Submitted

Service Saved, not yet Claimed

Forwarded

Pending Adjudication

Submitted

Pending CPE

Click to view status

Click to view status

Click to view status

Click to view the claim ID #, IS claim #, and submit date

Since this service has not been claimed, you have the option to delete it.

You should not see these icons. If you do, please call the CIOB help desk.

Sample of Claim Status with new added CPE Fields

highlighted fields are the new added fields

EXERCISE 11

Void and Replace:

- Void a Claim – Outpatient – Inpatient
- Replace a Claim

NOTE: Procedures to Void and Replace are the same for Outpatient/Inpatient/Residential

Void Claims /Outpatient

Click to go to the Claim screen

Click to begin voiding a claim

Void Claim/Inpatient

Click to begin Voiding an Inpatient Claim.

Click to go to the Inpatient Claim,

Void Claims/Outpatient

Void Claim/Inpatient

101

Void Claims/Outpatient

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NTELOPE V:1904A-ANTEI   jgarciabagues ⊠

Outpatient Episode

TestClient, Example (   )   ?

Click to view voided claims

Options

Return

Find Client

Client Info

Check Eligibility

Medications

Close Episode

View Episodes

Filter Service Date

From Date

To Date

Search

	Service Date	POS	Total Time	# Staff	Procedure	Rendering Provider	M	S	C	V
✏	02/11/2011 ➡	11 ⓘ	84	1	90801 ⓘ	CLEMENT-E414029 ⓘ		✅	ⓘ	R
1										

Services | **Void Service** | Diagnosis | Admission

Click to see the status

V stands for Voids
•If R, status is requested
•If P, status is processed

102

Void Claim/Inpatient

Void Claims /Outpatient

104

Void Claim/Inpatient

Void Claims /Outpatient

Void Claim/Inpatient

Replace Claims/Outpatient

This means the claim is denied and can be replaced.

Click to open the service and go to the claim.

Replace Claims/Inpatient

This means the claim is denied and can be replaced.

Click to open the service and go to the claim.

Replace Claims/Outpatient

Replace Claims/Inpatient

Replace Claims/Outpatient

Replace Claims/Inpatient

Replace Claims/Outpatient

Replace Claims/Inpatient

Replace Claims/Outpatient

On the first line is the original denied claim. On the second line is the replaced claim with an approved status. Click on icons to view more information

Replace Claims/Inpatient

On the first line is the original denied claim. On the second line is the replaced claim with an pending status. Click on icons to view more information

Inpatient Claim Cycle   Client:

Current Services:

Staff code:	Service date:	Procedure:	Mod 1:	Mod 2:	Unit Type:	Units :	Rate:
KCM2004	10/01/2011	0100	HA		DA	31	558.38

		Begin Date	End Date	Procedure	# Of Days	M	S	C
🖊	2	10/01/2011	10/31/2011	0100 ℹ	31		$	ℹ
🖊	3	10/01/2011	10/31/2011	0100 ℹ	31		▢	ℹ

1

EXERCISE 12

Prescribing Medications:

- Go to the Medications Screen

- Issue an RX Card Number

- Enter Drug Allergies

The Medications Screen

Find your client and click on his/her current Episode…

Medications are INSIDE the Episode.
Click Medications on the Option menu

Prescribing Medications

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1904-ANTELOPE V:1904A-ANTELOPE ☒

Medications Current

Client:TEST,PATS

?

Options

Return

| Current | History | Write Rx | Med Order | Drug Allergies | Rx Card Info |

L#	Rx #	Rx Date	Fill Date	PHRM	MS	Medication	Strength	Qty	Status
1									

This is the main Meds screen…notice that there are tabs across the top.. lets take a look at each of them starting with the RX Card Info.

Click

Prescribing Medications: Rx Card

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1904-ANTELOPE V:1904A-ANTELOPE ☒

Medications Rx Card Info   Client:TEST,PATS   ?

Options
Return

Current | History | Write Rx | Med Order | Drug Allergies | Rx Card Info

Card Number	Active Date	Inactive Date
1223848	02032009	

Click

Returning Clients should have
An RX card number, but if not
you enter it and click "Add"
Next: Drug Allergies….

Click

Card Number: 1223848

Add

Prescribing Medications: Allergies

Prescribing Medications: Allergies

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1904-ANTELOPE V:1904A-ANTELOPE ☒

Medications Drug Allergies   Client:TEST,PATS   ?

Options | Current | History | Write Rx | Med Order | Drug Allergies | Rx Card Info

Return

Medication	Drug Name Type	
TYLENOL	T	🗑
1		

Click

You will see the medication you just added with the drug name type. Next, Med Orders…

Medication: Tylenol

Drug Name Type: Trade Name ▼

PATS5028-RECORD CHANGE SUCCESSFUL USER SPECIAL   Add

Edit messages are displayed here!

EXERCISE 13

Prescribing Medications:

- Add Medications in Med Order

- Write Rx

Prescribing Medications: Med Orders

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1904-ANTELOPE V:1904A-ANTELOPE ☒

Medications Med Order Client:TEST,PATS ?

| Options | Current | History | Write Rx | **Med Order** | Drug Allergies | Rx Card Info |

Return

Date: 02/1/2009

Prescribing Provider: BOGOST, BRUCE-[LBB01]

Medication: BENZT

Drug Code: BTP1A

Strength: 1 MG/ML

Quantity: 1

No. of times this order has been administered:

No. of times this order has to be administered: 1

Discontinue ☐

Lost/Discontinue   Renew   Save

APPROVED USER SPECIAL

This screen is to record medications given to consumers at the facility.

You need to use the PATS Drug Formulary list in these fields, this is a drug record that assigns specific drug code for each unique drug and strength combination.

Prescribing Medications

Type in the Prescription. If you entered something under "Frequency" you won't need to enter "Other Instructions". Notice you use the PATS Drug Formulary list.

You will see status of your prescription. This prescription was Approved.

Click

Medications History

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1904-ANTELOPE V:1904A-ANTELOPE ☒

Medications History — Client:TEST,PATS

Options

Return

| Current | History | Write Rx | Med Order | Drug Allergies | Rx Card Info |

L#	Rx #	Rx Date	Fill Date	PHRM	MS	Medication	Strength	Qty	Status
01	P0001	020309		ⓘ	ⓘ	BUPROPION	150 MG	30.00	A
02	P0002	020309		ⓘ	ⓘ	LORAZEPAM	1 MG	30.00	A
03	M0001	020109		ⓘ	ⓘ	BENZTROPI	1 MG/ML	1.00	A
1									

This screen shows all the medications that were prescribed to the client. Everything!

127

Medications Current

EXERCISE 14

Prescribing Medications:

- Resolve an Authorization Required

- Renew/Refill a Prescription

Prescribing Medications

Prescribing Medications: Approval

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1904-ANTELOPE V:1904A-ANTELOPE [X]

Medications Current
Client:TEST,PATS

Options | Current | History | Write Rx | Med Order | Drug Allergies | Rx Card Info
Return

L#	Rx #	Rx Date	Fill Date	PHRM	MS	Medication	Strength	Qty	Status	
01	P0001	020309		[i]	[i]	BUPROPION	150 MG	30.00	A	🗑
02	P0002	020309		[i]	[i]	LORAZEPAM	1 MG	30.00	AR	🗑
03	M0001	020109		[i]	[i]	BENZTROPI	1 MG/ML		A	🗑
1										

"AR" means the prescription needs to be reviewed and approved by the Doctor.
After you have talked to the MD and gotten the approval, you can change status to "Approved"

Click

131

Prescribing Medications: Approval

Prescribing Medications: Renew and Refill

Renew/Refill is a snap: Just click on the prescription number, change the date and other information! Remember the prescription needs to have a fill date in order to do a renew/refill.

Prescribing Medications: Renew and Refill

134

Prescribing Medications- Lost & Discontinue

Click on the radio button to select Lost or Discontinue prescription

Click

Click

EXERCISE 15

Close an Episode

Close an Episode

Close an Episode

Close an Episode

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7100-SFV CMHC CENTE:7100A-SFV CM   jgarciabagues ⊠

Close Outpatient Episode

Client: TestClient , Example

Discharge | **Diagnosis**

Discharge Date: 02/08/2008

Referral Out Code: Client moved away

Referral Out Rpt Unit:

Legal Status:

Referral Out Code
is used to identify
the agency or
person the client is
being discharged to

Referral Out Rpt Unit
is used when the
referred agency
has a reporting
unit number

Click to search for referral
out Rpt. Unit

See examples on the next
page

Continue

Close an Episode

Close an Episode

Click to display the top 20 diagnosis codes

Click to select a diagnosis code not listed

Close an Episode

Enter an ID or partial description:

315   [Search]

Select an item:

315.1 - Mathematics Disorder
315.2 - Disorder of Written Expression
315.32 - Mixed Receptive-Expressive Language Disorder
315.9 - Learning Disorder NOS
315.4 - Developmental Coordination Disorder
315.31 - Expressive Language Disorder
315.39 - Phonological Disorder
315.00 - Reading Disorder

[Select]

Enter some or all of the digits of a diagnosis code, or part of the description and click "Search"

Highlight and click "Select"

Close an Episode

Close an Episode

Go to the close episodes tab
to view the episode information

EXERCISE 16

Groups:

- Create a Group

- Add a Session to a Group

- Submit Group Session Billing

Create a Group

Address https://traindmhisintra.co.la.ca.us/ClinicalWeb/FindClient.aspx

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1904-ANTELOPE V:1904A-ANTELOPE   student1

Find Client

Options

Return

Change Provider

Client CaseLoad

Client List

Daily Log

Manage Groups

○ Search by ID.

Type: DMH   ID:

● Search by Custom Criteria.

Last Name:

First Name:

Middle Initial:

Birth Date: Or Age:

Gender:

Click to start creating
and managing groups

Search   Clear

146

Create a Group

All groups for this location are listed here. You can search or filter to find a group and enter services.

Click to create a group

Address [ ] b/GroupView

LosAngeles COUNTY | DEPARTMENT OF MENTAL HEALTH

View Groups

Options
- Return
- Change Provider
- View Groups
- Search Groups
- Create Group
- Daily Log

Filter Groups
Filter By:
Name
For:

Search

Group ID	Name	Location						Lang
1071	Fun Name	1904-ANTELOPE V		10:	min	E4	2/	01-English
1029	Test Group JJF	1904-ANTELOPE V	DAI	9 AM	20 min	SINGER-E437190	1/50	01-English
1093	Olde Who	ELOPE	DAI	2:00P	30 min	ALVEY-E447588	2/10	01-English
1084	IS Users Who Are Learning Groups	1904-ANTELOPE V	DAI	9:00	60 min	ISIGUZO-0494456	1/15	01-English
1056	Shakey	1904-ANTELOPE V	THU	5:00P	45 min	AMBROSIO-E261358	2/15	01-English
1060	Stress Management	1904-ANTELOPE V	WED	1:00 P.M>	90 min	SHIH-0200742	3/3	01-English

1 2 3 4 5 6

Total Groups Returned: 6

147

Create a Group: Details

Create a Group: Leads

Create a Group: Leads

Create a Group: Census

Create a Group: Census

Create a Group: Census

Create a Group: Census

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7100-SFV CMHC CENTE:7100A-SFV CMHC | jgarciabagues ⊠

Add Clients to Group Census ?

Options		Client ID	Client Name	Gender	SSN	DOB	Phone
Return	Add			Male	999999999	07/12/1970	
	1						

1. Click to add

2. Click if there are more people to add

3. Click when done adding

Finish | New Search

Create a Group: Census

LosAngeles COUNTY | DEPARTMENT OF MENTAL HEALTH   Home | Clinical | Administrative | Plan | CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC   jgarciabagues ⊠

Group Census   ?

Options
Return

We have added our client to the Census tab

Search Groups

Create Group

Daily Log

Details | Leads | **Census** | Attendance Hx | Syllabus

Name	Location	Primary Dx	Phone	Primary	
Test Example	7100-SFV CMHC CENTE	Schizophrenia, Paranoid Type		ADAMS-SFV9368	🗑
➕					

1

Click to add more clients

Total Clients: 1   Max Attendees: 25

Click

Continue

Add Group Session

Add Group Session: Providers

2. Names of staff participating in this group are displayed here

1. Enter date of service

EALTH | **Home** | **Clinical** | **Administrative** | **Plan** | **CIOB**

7100-SFV CMHC CENTE:7100A-SFV CMHC

...oviders

Options

Return

Pr...rs | **Clients**

Add ...rovider:

ADAMS-SFV9368

Add >> | **Add All >>**

...ame | ...H... | ...Minutes

1

Date: [   ]

Total Time: [   ] Hours [   ] Minutes

4. Click to add the staff's time to the list

3. Enter total time (not face-to-face time) of the provider whose name is shown on the screen. Total time includes face-to-face time, documentation, and other appropriate reimbursable time

5. Click

Continue

Add Group Session: Clients

This is the duration from the group details screen. It has no bearing on claiming, and should not be changed

1. Client names are in this drop down list

DEPARTMENT OF MENTAL HEALTH

7100-SFV

Session - Clients

an | CIOB

agues ✕

?

Options

Return

Providers | **Clients**

Client: Test, Example ▼ ☑ Present Date: 2/8/2008
Resp. Lead: ADAMS-SFV9368 ▼ Duration: 30

Collateral: 0

Collateral Type: [   ] **Add >>**

Non DMH Group Member: [   ] **Add Non DMH Client**

Name		NonDMH	Resp Lead	
1				

**2. Associate client with responsible lead as indicated on the Group Service Log. This must be the person who will be writing the notes in the client's clinical record.
The responsible lead will be the rendering provider for this claim, which will be listed on their daily log.**

3.
- **Enter a number if collateral is present.**
- **For collateral type, enter whether "Family or Non-Family".**
- **For Non DMH Group Member, enter a number of attendees.**

4. Click to add a client to the list. Repeat 1-4 For the next client

Continue

Click

158

Add Group Session: Non DMH Clients

Add Group Session: Confirm

This screen summarizes who attended the session and for how long. Once you have confirmed the details, click OK to generate the service record for each client represented (in person, or by collateral). The service record will appear in each of the associated rendering provider's daily log.

Add Group Session: Billing

Claim group session by going back to each client's service screen. You will see a paper icon; click on it to submit claim.

Or click to get to the client you want to claim for.

Add Group Session: Billing

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7100-SFV CMHC CENTE:7100A-SFV CMH   jgarciabagues ⊠

Group Attendance History   ?

Options

Return

Date: 02/08/2008   Duration: 30

Present?	Client ID	Name	Col	Collat. Type
X		Test, Example	0	

1

Click to go back to Client Information Screen. Then click on View Episodes, click on the Episode # and see the unclaimed service (paper icon), and click on it to go to the client's claim screen, or click on the pencil icon to view the group session. Claiming is done when you finally click submit on the claim screen for each individual client.

0

tes

Total # of Minutes: 90

162

Group Syllabus

EXERCISE 17

Community Outreach Services (COS):

- Use the Daily Log

- Add a Community Service

- How to Edit Community Service

Using the Daily Log

Select rendering provider

Select service date

Click

Click to go to COS screen

Community Outreach Services (COS)

- Entering COS in the IS is fairly simple. Use the Daily Log screen to record all Community Outreach services. You can run the IS 220 to see all your Community Outreach services on a report.

- On the Find Client screen you will see the Daily Log link under the Options menu.

- In Order to enter COS you need to click on the Daily Log link; this will take you to the Daily Log Search screen where you will select the rendering provider responsible for the COS. You then need to enter the service date and click on Search.

- On the Daily Log screen, click on Add Comm. Svs. under Options.

- The Add Community Service screen will be displayed. Start entering COS.

166

Community Outreach Services

Community Outreach Services

Edit Community Service